

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Silviano Christman

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

Dr. Svetlana Kalimulina, Captain Fernandez, Captain Smith

Do you want a jury trial?

☒ Yes ☐ No

Deputy Warden Miller, Deputy Warden Chester, Warden

Walker, Warden Collins, Ross MacDonald, Dr.

Hassan, Doc, C.H.S., H.H. et al, See attached

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: Title II of ADA, 42 U.S.C. 12131 and Section

504 of the Rehabilitation Act of 1973, 29 U.S.C. § 7940

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Silviano

First Name

Middle Initial

Christman

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

03053154R

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

11-11 Hazen Street East Elmhurst Riker's Island

Current Place of Detention

11-11 Hazen Street

Institutional Address

East Elmhurst

County, City

NY

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Svetlana Kalimulina
 First Name Last Name Shield #
Supervising Medical Doctor or SMD
 Current Job Title (or other identifying information)
1500 Hazen Street
 Current Work Address
East Elmhurst NY 11380
 County, City State Zip Code

Defendant 2:

Unknown Vale Unknown
 First Name Last Name Shield #
Supervising Medical Doctor or SMD
 Current Job Title (or other identifying information)
1111 Hazen Street
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 3:

Unknown Fernandez Unknown
 First Name Last Name Shield #
Captain of Security of N.I.C.
 Current Job Title (or other identifying information)
1500 Hazen Street
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendant 4:

Unknown Miller Unknown
 First Name Last Name Shield #
Deputy warden of Security of N.I.C.
 Current Job Title (or other identifying information)
1500 Hazen Street
 Current Work Address
East Elmhurst NY 11370
 County, City State Zip Code

Defendants Page #2

Deputy warden of Security Chester
11-11 Hazen Street
East Elmhurst, NY 11370

Warden Walker of RNDC
11-11 Hazen Street
East Elmhurst, NY 11370

Warden Collins of NIC
1500 Hazen Street
East Elmhurst, NY 11370

Dr. Vale of RNDC
11-11 Hazen Street
East Elmhurst, NY 11370

Dr. Hassan of RNDC
11-11 Hazen Street
East Elmhurst, NY 11370

Defendants Page #3

ROSS McDonald (D.O.C. Personnel)
Address unknown

Correctional officer McQueen
Badge # 18538
Address unknown

Captain Smith of N.I.C.
Badge # unknown
1500 Hazen Street
East Elmhurst, NY 11370

Correctional officer BOUCAUD # 9582
1500 Hazen Street
East Elmhurst, NY 11370

Captain Ellebe # 1981
11-11 Hazen Street
East Elmhurst, NY
11370

V. STATEMENT OF CLAIM

Place(s) of occurrence: Riker's Island North Intimacy Command and R.N.D.C.

Date(s) of occurrence: 6/19/21, 6/25/21, 7/22/21, 8/2/21, 8/10/21, 8/27/21

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON 6/19/21 at about 3:30am Captain Smith threatened to Kill and cut me, used vulgar language, ordered an inmate to hit me with a Chair, then throw urine on me. He (Captain Smith of N.I.C) then Sprayed me with oleoresin Capsicum and Struck me repeatedly with a closed fist, after which he knelt on my Neck, spraying me with his oleoresin Capsicum again. on 6/25/21 Captain Fernandez of N.I.C body slammed ^{me} from my wheelchair and sprayed me with oleoresin Capsicum without provocation when Dormitory 1 was on the way to the Yard (my dorm), this was in retaliation to the incident with Captain Smith. Once Sprayed with his O.C, I was taken to intake's decontamination Shower which I could not use because of my inability to walk and there was a 8 inch step to get to the Shower, I was left in # intake without the ability to wash off the dangerous chemicals on my face, left there for 8 hrs. Following this incident Captain Fernandez tried to have me moved to N.I.C Main building, unit 4 South only it was not wheelchair accessible nor did they have any more room. Once again I sat in intake for 8-10 hours until I was brought back to N.I.C Annex Dorm 1, I then requested to see the doctor, Physician's assistant Blain called Dr. Kalimulna who called E.M.S to bring me to the hospital, Deputy warden of security Miller denied me the ability to go.

Statement of Claim Facts Page #2

on 7/22/21 I was "medically cleared" allowing me to be moved from N.I.C - wheelchair taken to be sent to R.N.D.C where I have been. Medical has refused to see me or respond to medical emergencies related to me. My Criminal Attorney Toni Messing has called D.O.C lawyers but we are getting no where. on 8/2/21 I saw officer McGuire #18538 of Disability Rights Coordinator for inmates, ~~then~~ who spoke to me in regards to my request for "reasonable accommodations" where it was denied on 8/10/21 for reasons: "As Per medical Bellvue's examination indicated that you are not indicated for a wheelchair" when I have records from bellvue stating the exact opposite. on 8/23/21 I was seen by the D.R.C.I. I thought in regards to my appeal filed on 8/10/21 with officer McGuire #18538 to Deputy Commissioner of Health Affairs but no it was to begin the process again from square one. I also asked Captain Blake of R.N.D.C what were the dispositions of my infractions for 6/19/21, 6/25/19 and 7/22/21, Captain Blake then in turn asked the Adjudication division who then stated there is nothing for those dates in our files. I have documentary evidence of the contrary. For these reasons amongst others I do believe D.O.C and it's personnel are actively conspiring against me.

see attached

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Mental Trauma

Swollen head and bloody nose

Negligence and deliberate indifference
inmate hardship.

malicious intent

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

5 million dollars and injunctive relief
to make RND C and all buildings within
the Riker's Island and or Department of
Corrections wheelchair accessible. An immediate
Court order to return my wheelchair so
I can ambulate with difficulty, embarrassment
and shame.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>8/23/2021</u>		<u><i>Silviano Christman</i></u>	
Dated		Plaintiff's Signature	
<u>Silviano</u>		<u>Christman</u>	
First Name	Middle Initial	Last Name	
<u>11-11 Hazen Street</u>			
Prison Address			
<u>East Elmhurst</u>		<u>NY</u>	<u>11370</u>
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing:

8/23/21

Silviano Christman
B/c # 3491903612
18-11 Hazen Street
East Elmhurst, Ny
11370

Rose Office
United States district Courthouse
Southern district Court
500 Pearl Street
New York, Ny 10007

